

Case Number:	CM15-0079355		
Date Assigned:	04/30/2015	Date of Injury:	02/01/2005
Decision Date:	05/29/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/24/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 50 year old male who sustained an industrial injury on 02/01/2005. He reported injury to both feet and ankles. The injured worker was diagnosed as having pain in joint ankle, foot; chronic pain not elsewhere classified; long term use of medications; hypertension not otherwise specified, infection not otherwise specified, bone, ankle, foot; anomaly , congenital, lower limb; impotence, organic origin; pain , psychogenic not elsewhere classified. Treatment to date has included left ankle fusion surgery in 2007 and a right subtalar joint arthrodesis on 08/20/2014. At the time of the retrospective request, the IW had a pre-operative diagnosis of right subtalar joint arthritis and a postoperative diagnosis of right subtalar joint arthritis with a procedure performed of a right subtalar joint arthrodesis. A mechanical compression device and sleeves were requested for postoperative venous thrombosis prophylaxis.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retro Request Mechanical Compression Device and Sleeves for VTE Prophylaxis DOS 8/20/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- knee chapter pg 16, 69.

Decision rationale: The guidelines for VTE prophylaxis are noted in the knee chapter. Compression is recommended for VTE prophylaxis. For those with high risk of bleeding, mechanical compression can replace anticoagulation therapy. In this case, the claimant was not known to have a bleeding disorder and had tolerated aspirin in the past. In addition, length of use was not specified. The mechanical compression for VTE prevention was not medically necessary.